



The Commonwealth of Massachusetts
State Board of Retirement
One Ashburton Place, Boston, MA 02108-1607

Timothy P. Cahill
Treasurer and Receiver General
Chairman

ROOM 1219
(617) 367-7770
1-800-392-6014

RETIREE CHANGE OF ADDRESS FORM

Please advise the State Retirement Board as soon as possible of any change in your mailing address (whether the change is permanent or temporary). We cannot accept address changes over the telephone. You should mail or fax (617-723-1438) this information as soon as possible. **EVEN IF YOU RECEIVE YOUR ALLOWANCE THROUGH DIRECT DEPOSIT, OTHER DOCUMENTS ARE SENT WHICH CANNOT BE FORWARDED. (1099R TAX FORMS, STATEMENTS, ETC.)**

If you have a temporary residence for a few months each year, i.e. winter in Florida, please provide us with the dates you will be at each address.

NAME: _____ SSN: _____
(PLEASE PRINT)

REFERENCE NUMBER (if known): _____

I receive my monthly retirement allowance by : (check one) ☐ MAIL ☐ DIRECT DEPOSIT

OLD ADDRESS: _____ PHONE NUMBER () _____
(NUMBER AND STREET – AND/OR P.O. BOX)

(CITY/TOWN) (STATE) (ZIP)

NEW ADDRESS: _____ PHONE NUMBER () _____
(NUMBER AND STREET – AND/OR P.O. BOX)

(CITY/TOWN) (STATE) (ZIP)

PLEASE RECORD MY
NEW ADDRESS AS A:
(CHECK ONE)

☐ **PERMANENT CHANGE**
- I wish to receive mail at this
address beginning on / /
and continuing until further notice.

☐ **TEMPORARY CHANGE**
- I wish to receive mail at this
address beginning on / /
After this time, send mail to my
permanent address.

Member/Recipient's Signature: _____ Date: _____

This form may be signed by a Power of Attorney, Guardian or Conservator as long as a copy of the legal document is on file with the Retirement Board.